



**TRICARE BENEFITS
FOR FAMILY MEMBERS
OF ACTIVATED
RESERVE AND GUARD MEMBERS**



TRICARE BENEFITS FOR FAMILY MEMBERS OF ACTIVATED RESERVE AND GUARD MEMBERS

This brochure is designed for you, the military reservist or National Guard member who may be called to active duty, and for your family members. It explains your family's health care options under the TRICARE program.

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ELIGIBILITY AND BENEFITS OVERVIEW

TRICARE BENEFIT OPTIONS

What follows is a breakdown of your family's TRICARE benefit options based on the length of your active duty service. This and other TRICARE information may also be found on the TRICARE Central Region web site at www.triwest.com or www.tricarecr.carson.army.mil.

TRICARE Standard is virtually identical to CHAMPUS. You may choose to receive medical care from any TRICARE-certified (authorized) provider. After your annual deductible is met, you will pay a percentage of the total charges for the medical care you receive. Providers who do not accept TRICARE assignment (i.e., do not accept the CHAMPUS maximum allowable charge as payment in full for services rendered) may bill you for charges over the Standard allowable rates. Providers who do not accept assignment may not bill more than 15 percent above the TRICARE allowable charge, unless the beneficiary signs a waiver of limitation.

If you or one of your family members frequently travels outside the Prime service area, you may receive covered services from out-of-area, non-TRICARE providers at TRICARE Standard Levels. Also, if you have other health or supplemental insurance, TRICARE Standard may be the right choice for you. There are no enrollment fees or forms to complete for TRICARE Standard.

TRICARE Extra is similar to a civilian health plan known as a preferred provider organization. By using providers in TriWest Healthcare Alliance's TRICARE provider network, you will pay five-percent less than TRICARE Standard cost-shares, after you have met your annual deductible. TriWest's TRICARE network providers accept TRICARE's negotiated fees for services. There are no enrollment fees or forms to complete for TRICARE Extra. Visit www.triwest.com or call 1-888-TRIWEST for a current listing of network providers.

TRICARE Prime is a managed care program similar to health maintenance organizations. Prime improves the beneficiary's TRICARE health care coverage by expanding benefits. Family members of active duty service members pay no copayments for most services. In addition, TRICARE Prime does not have a deductible and eliminates virtually all claims filing responsibilities for the beneficiary.

The TRICARE Prime option encourages the beneficiary to take an active role in his or her health care. The program's goals are to promote wellness, prevent illness and offer individual assistance when needed. To participate in the Prime option, you must complete and submit a TRICARE Prime Enrollment form, which can be found at www.triwest.com or by calling 1-888-TRIWEST.

TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members offer Prime-like benefits to eligible service members and their families. An active duty service member must live and work more than 50 miles, or a one-hour's

drive, from a military treatment facility to qualify for the benefit. For family members to be eligible, they must reside with the eligible service member.

For more information about the benefits available under TRICARE Prime Remote, call TriWest's TRICARE Prime Remote Unit at 1-877-554-2224 or visit www.triwest.com.

ELIGIBILITY AND BENEFITS OVERVIEW

ELIGIBILITY FOR TRICARE BENEFITS

By law, the spouses and unmarried children of reservists and National Guard members ordered to active duty for more than 30 consecutive days are covered during the reservist's or guardsman's active duty tour. The kind of TRICARE benefits to which these family members are entitled is dependent upon the length of that service.

When You Will Qualify for TRICARE Standard/Extra

If your active duty orders are **for a period exceeding 30 but less than 179 consecutive days**, your family members will qualify for TRICARE Standard/Extra on **the first** day of your active duty status.

If your active duty orders are cut in increments of **30 days or less**, your family members will **qualify for TRICARE Standard/Extra once you have been on active duty status for 31 consecutive days**.

When You Will Qualify for TRICARE Prime

If your active duty orders are for **179 or more consecutive days**, your family members will **qualify for TRICARE Prime (as well as TRICARE Standard/Extra) effective the first day of your active duty status**.

If your active duty orders are cut consecutively **for periods of less than 179 days**, your family members will **qualify for TRICARE Prime once you have reached the 179th consecutive day** of your active duty service. (Note, however, that Prime coverage for family members is **not** retroactive to the first day of your active duty status.)

Ultimately, your TRICARE eligibility and your family's TRICARE eligibility are determined by the Defense Enrollment Eligibility Reporting System (DEERS). TRICARE eligibility is dependent on DEERS.

TRICARE STANDARD/EXTRA BENEFIT DETAILS

TRICARE STANDARD/EXTRA BENEFITS FOR ACTIVE DUTY FAMILY MEMBERS*

	TRICARE Extra	TRICARE Standard
Annual Deductible <i>(Applied to Outpatient Services)</i>	<u>E4 and below:</u> \$50 individual \$100 family <u>E5 and above:</u> \$150 individual \$300 family	<u>E4 and below:</u> \$50 individual \$100 family <u>E5 and above:</u> \$150 individual \$300 family
	TRICARE Standard and Extra beneficiaries are responsible for the deductible for the fiscal year (FY)—October 1 through September 30. The claims processor subtracts the deductible amount from TRICARE Standard and Extra payments on the beneficiary's claims during the year, and applies amounts to the deductible from claims being processed.	
Catastrophic Cap	\$1000 per Fiscal Year	\$1000 per Fiscal Year
	There is an upper limit, or “catastrophic cap,” on what a TRICARE beneficiary will have to pay “out-of-pocket” for health care under TRICARE Standard and Extra. Inpatient and outpatient cost-shares, and cost-shares for medical supplies all apply to the catastrophic cap. The catastrophic cap applies only to <u>allowable</u> charges for <u>covered</u> services. There is <u>no</u> annual cap on charges for services that are not covered or on the yearly accumulation of fees above the allowable charges paid to non-participating providers.	
Individual Provider Services (Covered Services) <i>Note: A covered service is a service or procedure that is a covered benefit according to the TRICARE/CHAMPUS Policy Manual or TRICARE Guidelines.</i>	15% of the fee negotiated by TriWest	20% of the allowable charge
	Individual provider services include: office visits; outpatient office based medical and surgical care; consultation, diagnosis, and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints. If the beneficiary is seen in the military treatment facility (MTF) there is no cost-share.	

*Information contained in this chart was current at time of publication. For more information, visit the beneficiary section of www.triwest.com.

TRICARE STANDARD/EXTRA BENEFIT DETAILS

	TRICARE Extra	TRICARE Standard
Laboratory and X-ray Services	15% of the fee negotiated by TriWest	20% of the allowable charge
	Laboratory and X-ray services are “ancillary services.” In the TRICARE Central Region, many MTFs encourage TRICARE Standard and Extra beneficiaries to use the ancillary services at the nearest MTF free of charge. Contact 1-888-TRIWEST for more information.	
Medical Equipment, Supplies, DME, and Prosthetic Devices <i>(When prescribed by an authorized TRICARE provider and is a covered benefit)</i>	15% of the fee negotiated by TriWest	\$1000 per Fiscal Year
	TRICARE beneficiaries may rent/lease or purchase/buy durable medical equipment (DME) (whichever method is <u>least expensive</u> for TRICARE.) DME is defined as medically necessary equipment that has an allowable charge exceeding \$100. DME with an allowable amount less than \$100 may be cost-shared as a medical supply. Medical equipment and supplies are cost-shared in all TRICARE programs.	
Ambulance Services	15% of the fee negotiated by TriWest	20% of the allowable charge
	Covered when medically necessary as defined in the TRICARE/CHAMPUS Policy Manual and the service is a covered benefit.	
Hospitalization Skilled Nursing Facility Care	\$12.72 per day (minimum \$25 per admission)	\$12.72 per day (minimum \$25 per admission)
	<p>Included in skilled nursing facility care: semiprivate room; regular nursing services; meals including special diets; physical, occupational and speech therapy; drugs furnished by the facility; necessary medical supplies; and appliances. Unlimited services with authorization(s), as medically necessary.</p> <p>If you live within a catchment area, contact the local military treatment facility to obtain a Non-availability Statement.</p>	
Ambulatory Surgery	\$25 copayment per episode (All Ranks)	\$25 copayment per episode (All Ranks)
	Certain surgery, like having your tonsils taken out, can often be done in ambulatory surgery centers, hospital outpatient departments or special centers where you can have the operation and go home the same day. This can cost less than inpatient care.	

TRICARE STANDARD/EXTRA BENEFIT DETAILS

	TRICARE Extra	TRICARE Standard
Emergency Services	15% of the fee negotiated by TriWest	15% of the fee negotiated by TriWest
	This applies to emergency and urgently needed care, obtained on an outpatient basis, both network and non-network, in and out of the region.	
Outpatient Mental Health	15% of the fee negotiated by TriWest	20% of the allowable charge
	One hour of therapy, no more than two times each week (when medically necessary.) Beneficiaries may self-refer to a mental health provider for the first eight routine outpatient therapy sessions each benefit year without a referral.	
Prescription Drug Benefits	See page 16	See page 16
Eye Examinations	15% of the fee negotiated by TriWest	20% of the allowable charge
	One routine eye examination per year for family members of active duty sponsors. An eye exam is covered for any TRICARE-eligible person if the exam is related to a covered medical condition, such as cataracts or an eye injury.	
School Physicals <i>(Physical examinations required for school enrollment)</i>	15% of the fee negotiated by TriWest	20% of the allowable charge
	Beneficiaries ages 5-11 who are required to take a physical examination for school enrollment.	
Preventive Screening Examinations		
	TRICARE Extra	TRICARE Standard
Physical Exams	15% of the fee negotiated by TriWest	20% of the allowable charge
	Available to all beneficiaries over age 6. Periodic health exams that include risk assessment, physical exam, lab tests, X-rays, and risk-specific counseling, which allows for prevention, early detection and treatment of diseases before they manifest themselves as a major health problem. Routine physical exams are not included.	

TRICARE STANDARD/EXTRA BENEFIT DETAILS

	TRICARE Extra	TRICARE Standard
Cholesterol Screening	15% of the fee negotiated by TriWest	20% of the allowable charge
	Available to beneficiaries age 18 and older.	
Colonoscopy	15% of the fee negotiated by TriWest	20% of the allowable charge
	Can be performed as a clinical preventive procedure beginning at age 40, then every 3 - 5 years. Beneficiaries classified as “high-risk” from clinical findings or family history may have the procedure before age 40 and more frequently than every 3 - 5 years. Call 1-888-TRIWEST for details.	
Proctoscopy or Sigmoidoscopy	15% of the fee negotiated by TriWest	20% of the allowable charge
	Can be performed as a clinical preventive procedure beginning at age 50 for TRICARE Standard/Extra beneficiaries. Call 1-888-TRIWEST for details and frequency.	
Fecal Occult Blood Testing	15% of the fee negotiated by TriWest	20% of the allowable charge
	Can be performed as a clinical preventive procedure beginning at age 50 for TRICARE Standard/Extra beneficiaries. Call 1-888-TRIWEST for details and frequency.	
Prostate Specific Antigen (PSA)	15% of the fee negotiated by TriWest	20% of the allowable charge
	This can be performed as a clinical preventive procedure beginning at age 40 for TRICARE Standard/Extra beneficiaries. Call 1-888-TRIWEST for details and frequency.	
HIV Testing	15% of the fee negotiated by TriWest	20% of the allowable charge
	Pregnant females and beneficiaries indicating exposure to HIV.	
Mammography (Routine)	15% of the fee negotiated by TriWest	20% of the allowable charge
	<u>Ages 40 - 49:</u> One mammogram every two years for women ages 40 - 49. <u>Age 50 and over:</u> One mammogram per year for women age 50 and over.	

TRICARE STANDARD/EXTRA BENEFIT DETAILS

	TRICARE Extra	TRICARE Standard
Mammography (High Risk) <i>(Mammography for women considered to have a high risk of developing breast cancer)</i>	15% of the fee negotiated by TriWest	20% of the allowable charge
	<u>Age 35 and over:</u> Mammograms are authorized every 12 months for women over 35 that are considered to be at high risk of developing breast cancer. High risk factors may include 1.) A personal history of breast cancer. 2.) A personal history of biopsy-proven benign breast disease. 3.) A mother, sister, or daughter who has had breast cancer. 4.) Not given birth prior to age 30. 5.) Other acceptable high risk factors as may be recommended by major authorities. (e.g., the American Academy of Family Physicians, American Cancer Society, and U.S. Preventive Services Task Force).	
Pap Smear	15% of the fee negotiated by TriWest	20% of the allowable charge
	Women 35 and over may have this procedure by self-referring to a TRICARE-authorized provider at least every three years. Women under 35 may have this procedure if indicated by risk or pre-malignant / malignant findings by physical exam.	
Tuberculosis Screening	15% of the fee negotiated by TriWest	20% of the allowable charge
	Available to any beneficiary.	
Non-covered Services	Call 1-888-TRIWEST for questions regarding covered and non-covered services. Note: Unfortunate sequelae (complications) from non-covered services are also not covered.	
Pre-Authorization Requirements in Standard/ Extra	There are certain procedures (example: MRI, EGD, DME over \$500, hospitalization, etc.) that require pre-authorization for TRICARE Standard and Extra beneficiaries (in non-emergency situations.) Call 1-888-TRIWEST for a complete list of procedures that require prior authorization for TRICARE Standard and Extra. All admissions within a catchment area (i.e., within approximately 50 miles of a military treatment facility or hospital) require pre-authorization unless the beneficiary has primary health insurance that will make a payment on the claim.	

TRICARE PRIME BENEFIT DETAILS

TRICARE PRIME BENEFITS FOR ACTIVE DUTY FAMILY MEMBERS*

	TRICARE Prime
Enrollment Fee	<p>\$0.00</p> <p>There is no enrollment fee for family members of active duty sponsors.</p>
	<p>Family members of active duty sponsors who choose to enroll in TRICARE Prime are enrolled for one year. Enrollees will receive notification once a year giving them the choice to either continue with TRICARE Prime or discontinue and change to TRICARE Standard / Extra.</p>
Catastrophic Cap	<p>\$1000 per fiscal year</p>
	<p>There is an upper limit, or “catastrophic cap,” on what a TRICARE beneficiary will have to pay “out-of-pocket” for health care under TRICARE Prime. Inpatient and outpatient cost-shares, and cost-shares for medical supplies all apply toward the catastrophic cap. The catastrophic cap applies only to <u>allowable</u> charges for <u>covered</u> services. There is <u>no</u> annual cap on charges for services that are not covered or on the yearly accumulation of fees above the allowable charges paid to non-participating providers.</p>
Point of Service Option	<p>Deductible: \$300 per individual/\$600 per family</p> <p>After the deductible is met TRICARE will pay 50% of the billed or allowed charges, whichever is less.</p>
	<p>The Point of Service (POS) option applies to all TRICARE Prime enrollees who receive non-emergency services without seeing their primary care manager (PCM). The POS option also applies to enrollees who do not obtain authorization for specialty care, and enrollees who choose to use non-network providers.</p>
Copayments / Cost-Shares	<p>Active duty family members enrolled in TRICARE Prime are not responsible for copayments or cost-shares with the exception of pharmacy copayments and copayments/cost-shares incurred in the Program for Persons with Disabilities (PFPWD) program.</p>
Individual Provider Services (Covered Services) <i>Note: A covered service is a service or procedure that is a covered benefit according to the TRICARE/CHAMPUS Policy Manual or TRICARE Guidelines.</i>	<p>No copayment.</p>
	<p>Individual provider services include: office visits; outpatient office based medical and surgical care; consultation, diagnosis, and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.</p>

*Information contained in this chart was current at time of publication. For more information, visit the beneficiary section of www.triwest.com.

TRICARE PRIME BENEFIT DETAILS

	TRICARE Prime
Laboratory and X-ray Services	No copayment
	Laboratory and X-ray services are “ancillary services.” In the TRICARE Central Region, many MTFs encourage TRICARE Prime beneficiaries to use the ancillary services at the nearest MTF free of charge. Call 1-888-TRIWEST for more information.
Medical Equipment, Supplies, DME, and Prosthetic Devices <i>(When prescribed by an authorized TRICARE provider and are a covered benefit)</i>	No copayment
	TRICARE beneficiaries may rent/lease, or purchase/buy durable medical equipment (DME) (whichever method is <u>least expensive</u> for TRICARE.) DME is defined as medically necessary equipment that has an allowable charge exceeding \$100.
Ambulance Services	No copayment
	Covered when medically necessary as defined in the TRICARE / CHAMPUS Policy Manual and the service is a covered benefit.
Hospitalization Skilled Nursing Facility Care	No copayment
	Skilled nursing facility care includes: semiprivate room; regular nursing services; meals including special diets; physical, occupational and speech therapy; drugs furnished by the facility; necessary medical supplies; and appliances. Unlimited services with authorization, as medically necessary.
Ambulatory Surgery	No copayment
	Certain surgery, like having your tonsils taken out, can often be done in ambulatory surgery centers, hospital outpatient departments or special centers where you can have the operation and go home the same day. This can cost less than inpatient care.
Emergency Services	No copayment
	This applies to emergency and urgently needed care, obtained on an outpatient basis, both network and non-network, in and out of the region. The Emergency Room should be used for emergent or life-threatening situations.
Outpatient Mental Health	No copayment
	Contact TriWest’s mental health professionals (Merit Behavioral Care Corporation) for more information about TRICARE mental health benefits. (1-888-TRIWEST)
Prescription Drug Benefit	See page 16

TRICARE PRIME BENEFIT DETAILS

	TRICARE Prime
School Physicals <i>(Physical examinations required for school enrollment)</i>	No copayment for active duty family members Beneficiaries ages 5-11 who are required to take a physical examination for school enrollment.
Eye Examinations	No copayment One routine eye examination per year for family members of active duty sponsors. An eye exam is covered for any TRICARE-eligible person if the exam is related to a covered medical condition, such as cataracts or an eye injury
Clinical Preventive Eye Examinations Ages 3 - 64	No copayment One comprehensive eye exam, including screening for visual acuity and glaucoma, by a network optometrist or ophthalmologist. One visit annually.
All diabetic Active Duty Family Members Enrolled in Prime	No copayment One comprehensive eye exam, including screening for visual acuity and glaucoma by a TriWest TRICARE-contracted optometrist or ophthalmologist, one visit annually.
Preventive Screening Examinations	
	TRICARE Prime
Comprehensive Health Promotion and Disease Prevention Examinations	No copayment <u>For ages 24 months or older:</u> One comprehensive disease prevention clinical evaluation and follow-up during age intervals: 2-4; 5-11; 12-17; 18-39; 40-64.
Targeted Health Promotion and Disease Prevention Examinations The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care.	
Testicular Cancer	No copayment <u>Physical Examination:</u> Clinical testicular exam annually for males ages 13-39 with a history of cryptorchidism, orchiopexy, or testicular atrophy.

TRICARE PRIME BENEFIT DETAILS

	TRICARE Prime
Skin Cancer	No copayment
	<u>Physical Examination</u> : Skin examination should be performed for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.
Oral Cavity and Pharyngeal Cancer	No copayment
	<u>Physical Examination</u> : A complete oral cavity examination should be part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol. Oral examination should also be part of a recommended annual dental check-up.
Thyroid Cancer	No copayment
	<u>Physical Examination</u> : Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.
Infectious Diseases	No copayment
	<p><u>Tuberculosis screening</u>: Screen annually, regardless of age, all individuals at high risk for tuberculosis, as defined by the Centers for Disease Control and Prevention (CDC) using Mantoux tests.</p> <p><u>Rubella antibodies</u>: once for females, ages 12-18, unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday.</p> <p><u>Hepatitis B screening</u>: Screen pregnant women for HbsAG during prenatal period.</p>
Breast Cancer	No copayment
	<p><u>Physical Examination</u>: For women under age 40, physicians may elect to perform clinical breast examination for those who are at high risk, especially those whose first-degree relatives have had breast cancer diagnosed before menopause. For women ages 40 and older, annual clinical examinations should be performed.</p> <p><u>Mammography</u>: Baseline mammogram age 40; then every two years ages 40-50, annually ages 50 and over; for high-risk women (family history of breast cancer in a first degree relative), baseline mammogram age 35, annually thereafter.</p>

TRICARE PRIME BENEFIT DETAILS

	TRICARE Prime
Cancer of the Female Reproductive Organs	No copayment
	<p><u>Physical Examination</u>: Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions.</p> <p><u>Papanicolaou smears</u>: Annually starting at age 18 (or younger, if sexually active) until three consecutive satisfactory normal annual examinations. Frequency may then be less often at the discretion of the patient and clinician, but no less than every three years.</p>
Colorectal Cancer	No copayment
	<p><u>Physical Examination</u>: Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older.</p> <p><u>Fecal Occult Blood Testing</u>: Annually ages 50 and over if at increased risk for colorectal cancer as defined by the U.S. Preventive Services Task Force.</p> <p><u>Proctosigmoidoscopy or Sigmoidoscopy</u>: Once every 3-5 years beginning at age 50.</p> <p><u>Colonoscopy</u>: Performed every five years beginning age 40 for individuals at increased risk for colon cancer with first degree relative with a history of colon cancer.</p>
Cardiovascular Diseases	No copayment
	<p><u>Cholesterol</u>: Non-fasting total blood cholesterol at least once every five years, beginning at age 18.</p> <p><u>Blood pressure screening</u>: For children: annually between 3 and 6 years of age, and every two years thereafter. For adults: a minimum frequency of every two years.</p>
Other Screening / Examinations	No copayment
	<p>Body Measurement</p> <p><u>For children</u>: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months.</p> <p><u>For adults</u>: Height and weight should be measured periodically. The optimal frequency is a matter of clinical discretion. Those individuals who are 20% or more above desirable weight should receive appropriate nutritional and exercise counseling.</p>

TRICARE PRIME BENEFIT DETAILS

	TRICARE Prime
Other Screening / Examinations Cont.	No copayment
	<p>Vision Screening <u>For infants:</u> One eye and vision screening by primary care provider during routine examinations at birth and 6 months.</p> <p><u>Ages 3 - 64:</u> One comprehensive eye exam, including screening for visual acuity & glaucoma, by a TriWest TRICARE-contracted optometrist or ophthalmologist every two years.</p> <p>Hearing screening <u>For children:</u> All high-risk neonates (as defined by the Joint Committee on Infant Hearing) audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three years of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate.</p> <p>Pediatric Blood Lead Assessment of risk for lead exposure by structured questionnaire based on CDC, Preventing Lead Poisoning in Young Children (October 1991) during each well child visit from age six months through 6 years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines.</p>
Counseling Services <i>(These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.)</i>	No copayment
	Patient & parent education counseling Dietary assessment & nutrition Physical activity & exercise Cancer surveillance Safe sexual practices Tobacco, alcohol and substance abuse Accident & injury prevention Promoting dental health Stress, bereavement, & suicide risk assessment
Immunizations	No copayment
	By age appropriate dose and vaccine for the following diseases, according to the current CDC Advisory Committee on Immunization Practices (ACIP) recommendations: Tetanus, Diphtheria, Pertussis, Poliomyelitis, Mumps, Measles, Rubella, Influenza, Pneumococcal Disease, Hemophilus Influenza type B, Hepatitis A, Hepatitis B, and Varicella.

TRICARE PHARMACY BENEFIT DETAILS

Pharmacy Benefit		
Payment Matrix	What TRICARE Pays	What You Pay
MTF Pharmacy	100% (up to a 90-day supply)	Nothing
National Mail Order Pharmacy	All costs except for the generic or brand-name prescription drug copayment (up to a 90-day supply).	\$3 copayment for generic prescriptions. \$9 copayment for brand-name prescriptions.
TRICARE Retail Network Pharmacy	All costs except for the generic or brand-name prescription drug copayment (up to a 30-day supply).	\$3 copayment for generic prescriptions. \$9 copayment for brand-name prescriptions.
Non-network Retail Pharmacy	All costs except for the generic or brand-name prescription drug copayment (up to a 30-day supply).	<p>\$9 copayment or 20% of the cost of the prescription, whichever is greater (in most cases, full cost of prescription must be paid in advance).</p> <p>Annual deductible: \$150/individual or \$300/family of E-5s & above.</p> <p>Annual deductible: \$50/individual or \$100/family of E-4s & below.</p>
<p>Note: Prime enrollees who choose to use a non-network retail pharmacy are choosing to use their Point of Service option with a deductible of \$300 per individual/\$600 per family and a cost-share of 50% of the billed or allowed charges.</p>		